

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/603 520</u> APPLICANT(SY) _____		FILING DATE <u>06-23-00</u>				
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		3				
2		1					52		3				
3		1					53		1				
4		1					54		3				
5		1					55		3				
6		3					56		7				
7		3					57		3				
8		1					58		7				
9		3					59		7				
10		3					60		3				
11		3					61		3				
12		1					62		3				
13		1					63		3				
14		1					64		3				
15		1					65		3				
16		1					66		3				
17		1					67		2				
18		1					68		3				
19		1					69		3				
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		2					78						
29		2					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		3					93						
44		3					94						
45		1					95						
46		3					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	131						TOTAL DEP.						
TOTAL CLAIMS	133						TOTAL CLAIMS						

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